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# UNITED NATIONS POPULATION FUND
# PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Central African Republic

Proposed UNFPA assistance: $5.5 million, $5 million from regular resources and $500,000 from multi-bilateral and/or other, including regular, resources

Programme period: 5 years (1997-2001)

Cycle of assistance: Fourth

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of $):

| | Regular resources | Other | *Total* |
|---|---|---|---|
| Reproductive health | 3.5 | 0.5 | 4.0 |
| Population & development strategies | 0.8 | -- | 0.8 |
| Advocacy | 0.7 | -- | 0.7 |
| *Total* | 5.0 | 0.5 | 5.5 |

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## CENTRAL AFRICAN REPUBLIC

### INDICATORS RELATED TO ICPD GOALS*

| | | Thresholds* |
|---|---|---|
| Births attended by health professional (%)[1] | 66.0 | ≥60 |
| Contraceptive prevalence rate (15-44) (%)[2] | 23.0 | ≥55 |
| Access to basic health services (%)[3] | 45.0 | ≥60 |
| Infant mortality rate (/1000)[4] | 102.0 | ≤50 |
| Maternal mortality rate (/100,000)[5] | 600.0 | ≤100 |
| Gross female enrolment rate at primary level (%)[6] | 44.0 | ≥75 |
| Adult female literacy rate(%)[7] | 45.6 | ≥50 |

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, Education for All - Status and Trends, 1994.*

## Demographic Facts

| | | | |
|---|---|---|---|
| Population (000) in 1995 | 3,315 | Annual population growth rate (%) | 2.4 |
| Population in year 2000 (000) | 3,731 | Urban | 3.5 |
| Sex ratio (/100 females) | 93.9 | Rural | 1.6 |
| Per cent urban | 39.3 | Crude birth rate (/1000) | 39.3 |
| Age distribution (%) | | Crude death rate (/1000) | 15.7 |
| Ages 0-14 | 42.6 | Net migration rate (/1000) | 0.0 |
| Youth (15-24) | 18.8 | Total fertility rate (woman) | 5.29 |
| Ages 60+ | 6.1 | Life expectancy at birth (years) | |
| Percentage of women aged 15-49 | 45.7 | Males | 47.8 |
| Median age (years) | 18.5 | Females | 52.5 |
| Population density (/sq. km.) | 5 | Both sexes | 50.1 |
| | | GNP per capita (U.S. dollars, 1994) | 370 |

*Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1994 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.*

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2001 to assist the Government of the Central African Republic achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of $5.5 million, of which $5 million would come from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $500,000 from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15. This would be the Fund's fourth cycle of assistance to the Central African Republic.

2. The 1997-2001 programme proposal is based on government goals and strategies in the population field, the conclusions and recommendations of the programme review and strategy development (PRSD) mission that visited the Central African Republic in 1996, the 1994-1998 National Programme for Health Development, as well as consultations with religious and trade union leaders and other United Nations agencies and non-governmental organizations (NGOs) operating in the field of population. Programme activities would be coordinated with the planned operations of the other members of the Joint Consultative Group on Policy (JCGP) and with interventions being supported by bilateral and multilateral cooperation agencies and NGOs.

3. In order to help the Government improve the reproductive health of Central Africans, the proposed programme would assist in the integration of a range of basic reproductive health services, including family planning and sexual health, into more than 100 urban health units at the same time that it helped to maintain the level of maternal and child health and family planning (MCH/FP) services in 300 rural health units. These services would encompass activities designed to meet some of the specific challenges confronting the Central African Republic, including the increase in rates of infertility and HIV infection. The Government's long-term objective is to improve the living conditions of Central Africans by the integration of demographic factors into the development planning process. In this regard, the proposed programme would help promote national awareness of the interrelationships between population, women's socio-economic status, the environment and the development process. The programme would also support associated information, education and communication (IEC) and advocacy activities in support of reproductive health and women's empowerment programmes, including on the issue of female genital mutilation. The Central African Republic is a category "A"country under the Fund's new system of resource allocation.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

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Background

5. Following persistent economic crisis and political turmoil in the Central African Republic, the democratization of the regime in late 1993 and the devaluation of the currency helped the country re-establish positive economic growth, achieving a 5 per cent growth rate in gross national product (GNP) in 1995. The country will need to maintain this stability in order to overcome the effects of the last two decades. Although the country possesses enormous natural resources, 62 per cent of households live below the officially-established poverty threshold.

6. According to the Constitution of the Central African Republic, women are equal to men. However, the predominantly rural population (over 60 percent) is still influenced, even in urban areas, by cultural values that favour early marriage and large families and reinforce the dominant status of men. Women have much higher rates of illiteracy than men, and there are fewer girls enrolled in school than boys. Women are under-represented in the formal sector of the economy although it is estimated that 88 per cent of rural and 62 per cent of urban women are working in such tasks as cultivators and market women and that 64 per cent of them make their own financial decisions. Women's efforts to improve their socio-economic status has notably found expression in the creation of an increasing number of active women's NGOs and economic associations.

7. With a 1996 population of 3.5 million, the Central African Republic experienced a stable total fertility rate between 1975 and 1988 of approximately 6 children per woman. That rate declined to 5.1 children per woman according to the country's 1994/1995 demographic and health survey. It has not yet been clearly explained whether the decrease in the total fertility rate is related to the increase in the proportion of infertile women or to the decrease in family size among fertile women. In 1988, infertility was limited to the northern and eastern regions and was attributed to the high prevalence of goiter associated with iodine deficiency in cassava, the basic food. Today, sexually transmitted diseases (STDs) and the consequences of induced abortions account for the spread of infertility to other parts of the country. It is estimated that 29 per cent of all pregnancies do not go to term and that 19 per cent of all pregnancies are terminated by clandestine abortions.

8. The Central African Republic has one health service delivery point for every 6,605 inhabitants, one physician for every 22,000 and one midwife for every 10,000 people. These averages are misleading, however, in that a large proportion of the medical personnel are posted in the capital city of Bangui. One woman out of three receives no antenatal care, and only 30 per cent of the deliveries in rural areas take place in a health facility. Female genital mutilation is still performed on four out of ten Central African women. The AIDS epidemic now affects both urban and rural areas, with national HIV prevalence estimated at 8.6 per cent. The poor health network results in an estimated life expectancy at birth of only 50 years. The very high infant and maternal mortality rates are the result of too many unspaced pregnancies occurring either too early or too late in the mother's life and to the large number of induced abortions.

9. MCH/FP services are available in all of the country's 18 hospitals and in 44 per cent of the 58 health centres, but the modern contraceptive prevalence rate is still as low as 5 per cent in some areas. According to the 1994/1995 survey, however, less than 1 per cent of women mentioned cost or accessibility as reasons for not using modern contraceptive methods. The 17 per cent who were willing to use modern methods were impeded by religious and/or sociocultural pressures. There is also a high rate of early adolescent sexual experience (28 per cent of girls 15-19 years of age have at least one child), and the high adolescent fertility contributes 15 per cent of the total fertility rate.

10. In 1987, the Government, which had previously maintained pro-natalist policies, became more conscious of the negative impact of the country's rapid population growth on its development process. A formal population policy has not yet been adopted: In 1994 a seminar with representatives of the civil society and the Government could not reach a consensus on the draft proposal. However, efforts are continuing to implement the de facto policy that aims to intensify and extend integrated MCH/FP services and to empower women. In order to improve the overall health situation, the Government adopted the 1994-1998 National Programme for Health Development, which included nine priority programmes, including one for MCH/FP. Since the national resources allocated to the population programme are limited, the implementation of health and other population-related programmes essentially depends on external assistance.

Previous UNFPA assistance

11. UNFPA contributed significantly to the promotion of increased awareness of the interrelationship between population-related issues and the development process among government officials, decision-makers and many opinion leaders. The Government's population and health concerns now extend to such areas as support for the reproductive health concept, including birth-spacing; Safe Motherhood; the prevention, detection and management of STDs, including HIV/AIDS; the prevention of induced abortions; and the prevention of infertility and of female genital mutilation. Other important achievements of previous UNFPA programmes include the introduction of family life and population education in primary and secondary schools and the definition of nine specific reproductive health, including family planning and sexual health, training modules to be integrated into medical curricula. The Fund also furnished support for the design of the Family and Persons Code submitted in October 1996 to the National Assembly that will constitute an essential legal framework for the protection of women's rights, including their reproductive rights.

Other external assistance

12. The European Union is providing important assistance to the 1994-1998 National Programme for Health Development. The German Gesellschaft für Technische Zusammenarbeit (GTZ) has opened and is supporting a centre for information on youth sexual health located in Bangui. The United States Agency for International Development (USAID) is providing considerable assistance

in support of the maternal and child survival programme and partially funded the 1994/1995 demographic and health survey. UNICEF supports MCH/FP, immunization, potable water supply, sanitation, nutrition and iodization programmes while the World Health Organization (WHO) assists the Safe Motherhood and AIDS prevention programmes. The World Bank strongly supports the education and health sectors and institutional capacity-building for women's empowerment. Japan provides drugs and supports AIDS prevention activities and the water supply programme. French Cooperation provides medical doctors, equipment and drugs. The national affiliate of the International Planned Parenthood Federation (IPPF), is carrying out reproductive health activities mainly in the capital city and in Bambari where it has opened a family planning clinic with UNFPA support. Population Services International supports the social marketing of condoms.

Proposed programme

13. UNFPA intends to maximize the utilization of its limited resources in the important reproductive health sector where it can have the greatest impact. The Fund is the main provider of support for family planning and is prepared to help broaden traditional MCH/FP services to encompass the country's main reproductive health concerns. UNFPA will also provide limited assistance to the Government for the population and development and advocacy sectors to help shape a national consensus on the empowerment of women and to provide the requisite socio-political environment for the successful implementation of the reproductive health programme.

14. The operationalization of the new concept of reproductive health still requires making a complete assessment of the health network, restoring and equipping some health facilities, training health personnel and conducting research on youth reproductive health behaviour. To avoid delays, it is essential to reinforce coordination and evaluation mechanisms and to decentralize the implementation of the proposed programme. In particular, the coordination of the population policy formulation and related activities needs to be undertaken through an institutional framework that has real coordination authority. For the reproductive health component, UNFPA would give direct support to NGOs, district hospitals and the Faculty of Medicine, all of which have motivated and committed professional staff.

15. Reproductive health. The National Programme for Health Development adopted in 1993 sets specific targets to be reached by 1998: reduce maternal mortality to 400 per 100,000 live births, decrease infant mortality by 10 per cent, reduce the prevalence of infertility from 26 per cent to 10 per cent of women and increase in the contraceptive prevalence rate from 3 to 10 per cent. UNFPA's main objectives in assisting the country reach those goals will be to expand the integrated MCH/FP services currently being delivered in 40 urban health units (16 hospitals and 24 health centres) to encompass a range of basic reproductive health services and to extend the provision of this package to an additional 74 urban health units (16 hospitals and 58 health centres). The programme would continue to provide support to 304 rural health centres providing traditional MCH/FP services. The

Fund will also help the Government expand and improve adolescent reproductive health services and support efforts to screen for and manage STDs, including HIV/AIDS and infertility, and to help educate the population about the risks of STDs.

16. The programme will focus on urban areas, where there is sufficient staff necessary for operationalizing the comprehensive reproductive health approach, with continued support to those rural health units offering MCH/FP services. The essential programme strategies will involve teaching reproductive health to present and future health care providers and providing necessary equipment to health facilities. Reproductive health programme implementation will be decentralized by relying on district hospitals and specialized institutions to expand reproductive health services, limiting the role of the central administration to monitoring and evaluation. The programme will seek to raise public awareness of the reproductive health concept, of the usefulness of family planning and, especially, of the use of condoms for family health and well-being and for arresting the spread of infertility. It will provide, through existing centres, youth counselling and reproductive health services for young people. In addition, it will promote women's rights and men's awareness of shared responsibility in reproductive health, while seeking to change male attitudes towards family planning.

17. The proposed programme would help the Government to assess and rehabilitate the health services system and provide urban health facilities and youth centres with contraceptives (including condoms), other essential drugs for the treatment of STDs along with a minimum of reproductive health equipment and logistics. It will help renovate 58 health centres. The proposed programme would also introduce specific reproductive health modules into professional medical curricula; instruct a national pool of trainers in reproductive health delivery and management; and organize in-service training for service providers in reproductive health delivery and IEC (with a particular emphasis on the issue of female genital mutilation). It will upgrade the programme management capacity of the reproductive health personnel of the Ministry of Public Health and of involved NGOs. UNFPA will also provide essential equipment to the communications institutions involved in awareness campaigns.

18. Population and development strategies. The proposed programme will help to strengthen national capacity to finalize and adopt a national population policy as an essential legal framework for all population activities. The programme will assist the Government in building a consensus among officials, parliamentarians, members of the civil society, religious and trade unions leaders on the population policy formulation process and approval. It will also assist in the coordination of the policy and related action programmes, once adopted, and support the adoption of a revised policy for the promotion of women in order to integrate the relevant provisions of the ICPD Programme of Action and the Platform for Action of the Fourth World Conference on Women.

19. To improve knowledge about population issues, UNFPA will contribute to the 1998 population census and the demographic and health survey planned for the year 2000 through technical assistance, mobilization of resources, and the analysis and utilization of data. To assist capacity-

building and infrastructure development, the proposed programme will support the creation and operationalization of the National Population Commission and the associated entities needed to coordinate the implementation of the population policy. UNFPA will support in-service training of staff from NGOs and the Ministries of Planning, Health, Education and the Promotion of Women in population and development and in IEC. It will also support the training of teachers (3,000 at the primary level and 600 at the secondary level) in family life education between 1997 and the year 2000.

20. Advocacy. The proposed programme will assist in building a national consensus on the interrelationship between population and reproductive health and the development process. It will encourage a consensus among government officials, high-ranking civil servants, decision makers, and religious and trade union leaders on the essential concept of empowering women. The programme will give support to NGOs and to the Ministries for the Promotion of Women and of National Solidarity to advocate for the empowerment of women and for the adoption of a revised national policy for women's promotion and of a national population policy. UNFPA will provide technical assistance, equipment and training in IEC and gender issues to strengthen the technical and managerial capacities of the national staffs involved in the development of these policies. It will also support women's organizations that inform and educate women and female adolescents on their constitutional rights and on the issue of female genital mutilation.

Programme implementation, monitoring, evaluation and coordination

21. The Ministry of Economy, Planning and International Cooperation will coordinate activities under the proposed programme. One of its divisions is working to ensure the elaboration and monitoring of the national population programme, of which certain components, such as family life and population education, would be implemented by the concerned line ministries. The UNFPA local office will assist in coordinating the activities of cooperating agencies in primary health care as they work together to reduce the high infant and maternal mortality rates and the high prevalence of infertility. UNFPA intervention will focus on activities to promote reproductive health services in coordination with the UNICEF primary health care programme. An evaluation mechanism will be set up to review the programme at mid-cycle in late 1999 or early 2000.

Recommendation

22. The Executive Director recommends that the Executive Board approve the programme of assistance for the Central African Republic as presented, in the amount of $5.5 million over the period 1997-2001, $5 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $500,000 would be provided from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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